



An independent licensee of the Blue Cross and Blue Shield Association

Provider Relations
4000 House Avenue
PO Box 2266
Cheyenne, WY
82003
888-666-5188
www.bcbswy.com

Provider Highlights

Surgical Billing Guidelines

In an effort to ensure more timely and accurate processing of surgical claims, BCBSWY has recently reviewed internal processes and is currently updating our system. It is important that providers submit claims using the guidelines in this document.

BCBSWY uses the Medicare Correct Coding Initiative (CCI) when determining bundling, modifier usage, the use of surgical assistants, and other matters related to surgical reimbursement.

Bilateral Procedures

- Bill on a single line and include modifier –50. If billed separately on two lines, the second procedure will be denied as a duplicate.
- The modifier –50 must be listed in the first position if multiple modifiers are billed.

Surgical Assistants

Providers are eligible for reimbursement when providing surgical assist services for procedures which are of such complexity that they require a surgical assistant. If CCI does not support a surgical assistant, charges submitted will be denied as a provider liability. When appropriate, a surgical assistant should bill as follows:

- **Assistant Surgeon (modifier –80)** – reported by physicians only to indicate the physician provided surgical assistant services for a particular procedure
- **Minimum Assistant Surgeon (modifier –81)** – reported by physicians only to indicate that a physician provided minimal surgical assistance when another surgeon's presence is not typically required for the entire procedure
- **Assistant-at-Surgery Service (modifier –AS)** – reported by licensed surgical assistants (physician assistant, nurse practitioner, clinical nurse specialist, etc.) to indicate surgical assistant services were provided for a particular procedure

Other modifiers

When appropriate, providers should utilize modifiers such as:

- Reduced Services (modifier –52)
- Discontinued Procedure (modifier –53)
- Surgical Care Only (modifier –54)
- Postoperative Management Only (modifier –55)
- Preoperative Management Only (modifier –56)
- Distinct Procedural Service (modifier –59)

The above is only a partial list. Providers may wish to use Medicare CCI to determine whether or not a particular modifier is appropriate and what specific documentation may be necessary.

December 2016

